

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004525

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** SUNCREST VILLAS PHASE 2 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN RD  
450  
ORLANDO, FL 32819

**New Principal Place of Business:**

882 JACKSON AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

5401 S. KIRKMAN RD  
450  
ORLANDO, FL 32819

**New Mailing Address:**

882 JACKSON AVENUE  
WINTER PARK, FL 32789

**FEI Number:** 59-3403774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 S. KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

JORDAN, BRETT  
882 JACKSON AVENUE  
WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRETT M. JORDAN

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZAINUBULEEN, ABDUL  
Address: 4208 PACIFICA DR.  
City-St-Zip: ORLANDO, FL 32817

Title: TD ( ) Delete  
Name: ROMANO, FRANK  
Address: 10503 CASPAR COURT  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: MCKINLEY, JENNIFER  
Address: 10536 RODAONDO DR.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: FLAVERS, DAVID S  
Address: 10513SAN VILLA BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: ROMANO, FRANK  
Address: 10503 CASPAR COURT  
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition  
Name: ASTACIO, CAROLINA  
Address: 10622 SUN VILLA BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: VD (X) Change ( ) Addition  
Name: ELORZA-WELLING, ARLENE S  
Address: 10336 SUN VILLA BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Change (X) Addition  
Name: MITJANS, JACQUELINE  
Address: 4141 PACIFICA DRIVE  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK ROMANO

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date